PINE CREST NURSING HOME 2100 EAST 6TH STREET

	Ownershi p:	County
365	Highest Level License:	Skilled
No	Operate in Conjunction with CBRF?	No
180	Title 18 (Medicare) Certified?	Yes
180	Title 19 (Medicaid) Certified?	Yes
174	Average Daily Census:	169
	365 No 180 180	365 Highest Level License: No Operate in Conjunction with CBRF? 180 Title 18 (Medicare) Certified? 180 Title 19 (Medicaid) Certified?

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 7	Under 65	2. 9	More Than 4 Years	24. 1
Day Servi ces	No	Mental Illness (Org./Psy)	24. 1	65 - 74	7. 5		
Respite Care	Yes	Mental Illness (Other)	2. 3	75 - 84	31. 0	ĺ	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 6	85 - 94	46. 6	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 7	95 & 0ver	12. 1	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	1. 1	İ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1. 1		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	32. 8	65 & 0ver	97. 1	` iii	
Transportati on	No	Cerebrovascul ar	10. 3			RNs	10. 9
Referral Service	No	Di abetes	8. 6	Sex	%	LPNs	1. 8
Other Services	No	Respi ratory	9. 2		'	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	6. 3	Male	25. 3	Aides, & Orderlies	37. 4
Mentally Ill	No			Femal e	74. 7		
Provi de Day Programmi ng for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% 0f Al l
Int. Skilled Care	0	0. 0	0	4	2. 7	120	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	4	2. 3
Skilled Care	8	100. 0	239	131	89. 1	103	0	0.0	0	18	94. 7	119	0	0.0	0	0	0.0	0	157	90. 2
Intermedi ate				12	8. 2	86	0	0.0	0	1	5. 3	113	0	0.0	0	0	0.0	0	13	7. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	8	100.0		147	100.0		0	0.0		19	100.0		0	0.0		0	0.0		174	100. 0

PINE CREST NURSING HOME

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of 12	/31/01
Deaths During Reporting Period	Į.	·					
		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	12. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	3.8	Bathi ng	0. 6		67. 2	32. 2	174
Other Nursing Homes	10.6	Dressing	16. 1		66. 1	17. 8	174
Acute Care Hospitals	66. 3	Transferring	29. 3		48. 9	21. 8	174
Psych. HospMR/DD Facilities	1. 9	Toilet Use	26. 4		48. 9	24. 7	174
Rehabilitation Hospitals	0.0	Eating	50. 0		40. 2	9. 8	174
Other Locations	4.8	**************	******	*****	******	*********	******
Total Number of Admissions	104	Continence		%	Special Trea	itments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	1. 7	Recei vi ng	Respiratory Care	9. 2
Private Home/No Home Health	9. 5	Occ/Freq. Incontinent	of Bladder	56 . 9	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	13. 7	Occ/Freq. Incontinent	of Bowel	26. 4	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	4. 2	-				Ostomy Care	2. 3
Acute Care Hospitals	16.8	Mobility			Recei vi ng	Tube Feeding	2. 3
Psych. HospMR/DD Facilities	2. 1	Physically Restrained		5. 2		Mechanically Altered Diets	12.6
Rehabilitation Hospitals	0.0					· ·	
Other Locations	5. 3	Skin Care			Other Reside	ent Characteristics	
Deaths	48. 4	With Pressure Sores		2. 3	Have Advar	nce Directives	100. 0
Total Number of Discharges		With Rashes		9. 2	Medi cati ons		
(Including Deaths)	95	ĺ			Recei vi ng	Psychoactive Drugs	50. 0
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

********************************** Ownership: Bed Size: Li censure: 100-199 Al l Thi s Government Skilled Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 93.9 87.7 1.07 83. 5 1. 12 84. 4 1. 11 84. 6 1. 11 Current Residents from In-County 87.9 76. 7 1. 15 79. 2 1. 11 75. 4 1.17 77. 0 1. 14 Admissions from In-County, Still Residing 47. 1 28. 2 1.67 22. 5 2. 10 22. 1 2. 13 20.8 2. 26 Admissions/Average Daily Census 61.5 91.3 0.67 125.7 0.49 118. 1 0.52 128. 9 0.48 Discharges/Average Daily Census 56. 2 92.8 0.61 127. 5 0.44 118. 3 0.48 130.0 0.43 Discharges To Private Residence/Average Daily Census 13.0 32.9 0.40 51.5 0.25 46. 1 0.28 52.8 0. 25 Residents Receiving Skilled Care 92. 5 90.8 1.02 91.5 1.01 91.6 1.01 85. 3 1.08 Residents Aged 65 and Older 97. 1 88.8 1.09 94. 7 1.03 94. 2 87. 5 1. 11 1.03 Title 19 (Medicaid) Funded Residents 84. 5 67.9 1.24 72. 2 69.7 1.21 68. 7 1.23 1. 17 Private Pay Funded Residents 21.2 22.0 10.9 19. 7 0. 55 18. 6 0. 59 0. 52 0. 50 0.8 2. 16 2.40 0.8 2. 19 7. 6 0. 23 Developmentally Disabled Residents 1. 7 0. 7 Mentally Ill Residents 26. 4 46. 1 0.57 35. 8 0.74 39. 5 0.67 33. 8 0.78 General Medical Service Residents 6.3 14.8 0.43 16. 9 0.37 16. 2 0.39 19. 4 0.33 49.3 49.7 0.98 48. 2 1.01 48. 5 1.00 0.99 Impaired ADL (Mean) 48. 6 Psychological Problems **50.** 0 56. 1 0.89 48. 7 1.03 50.0 1.00 51. 9 0.96 Nursing Care Required (Mean) 4.7 6. 7 0.71 6. 9 0. 68 7.0 0.67 7.3 0.65